

03/26/01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OLIFF & BERRIDGE, PLC
P.O. Box 19928
Alexandria, Virginia 22320
Telephone: (703) 836-6400
Facsimile: (703) 836-2787

Attorney Docket No.: 108634

Date: March 26, 2001

BOX PATENT APPLICATION

Customer Number: 25944

NONPROVISIONAL APPLICATION TRANSMITTAL
RULE §1.53(b)

Director of the U.S. Patent and Trademark Office
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title): STROKE DATA EDITING DEVICEBy (Inventors): Yoshiaki KOMATSU

- ☒ Formal drawings (Figs. 1-14; 18 sheets) are attached.
☐ Use Figure _____ for front page of Publication.
☒ A Declaration and Power of Attorney is filed herewith.
☒ An assignment of the invention to BROTHER KOGYO KABUSHIKI KAISHA is filed herewith.
☒ An Information Disclosure Statement is filed herewith.
☐ Entitlement to small entity status is hereby asserted.
☐ A Preliminary Amendment is filed herewith.
☐ Please amend the specification by inserting before the first line the sentence --This nonprovisional application claims the benefit of U.S. Provisional Application No. _____, filed _____.--
☒ Priority of foreign application No. 2000-099357 filed March 31, 2000 in Japan is claimed (35 U.S.C. §119).
☒ A certified copy of the above corresponding foreign application is filed herewith.
☐ This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.
☒ The filing fee is calculated below:

CLAIMS IN THE APPLICATION AFTER ENTRY OF
ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	25 - 20	= 5 *
INDEP CLAIMS	4 - 3	= 1 *
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED		

* If the difference is less than zero, enter "0".

SMALL ENTITY


RATE	FEE
	\$ 355
x 9 =	\$
x 40 =	\$
+ 135 =	\$
TOTAL	\$

OTHER THAN A
SMALL ENTITY

RATE	FEE
	\$ 710
x 18	\$ 90
x 80	\$ 80
+ 270	\$
TOTAL	\$ 880

- ☒ Check No. 117499 in the amount of \$880.00 to cover the filing fee is attached. Except as otherwise noted herein, the Director is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,


James A. Oliff
Registration No. 27,075

Scott M. Schulte
Registration No. 44,325

JAO:SMS/cln